

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 13/04/2022 16:50 (SGT)
Date of Accident 13/04/2022 07:40 (SGT)
Exact Location of Accident Near 701 Hougang Ave 2, Singapore 530701
Additional Location Information Towards City
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMW1209J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BESCHLEUNIGEN ENGINEERING PTE LTD
Company Reg No 2XXXXX561H
Email Address tntech.Ng@gmail.com
Mobile Phone No (Phone) +65-87877879
Alternative Phone No +65-87877879

VEHICLE PARTICULARS

Manufacturer Honda
Model FIT BASIC 1.3 CVT
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1317

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPPHQ21-006765
Cover Note Number -

DRIVER

Name of Driver NG MENG TUCK
NRIC No SXXXX897E

Date Of Birth	31/12/1968
Occupation	Indoor
Date Of Driving Pass	20/08/2008
Driving experience	13 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82090183
Alt. Phone Number	-
Email Address	tnitech.Ng@gmail.com
Address	511 HOUGANG AVENUE 10
Address complement	10-151
Postcode	530511
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I was driving on the middle lane and after passing through a junction , there was heavy traffic ahead. I slowed down and brake . I was stationary and queueing in line , suddenly I felt a big impact from my rear . I later realised that a car had hit the rear of my vehicle.

I stop take some photos and exchange particulars

No injury involved.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMT1625G
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	RedOrange
Vehicle Category	Private car

Name of Driver	CHAI CHANG YI
NRIC No	SXXXX690H
Contact Number	(Phone) +65-97872067
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH**

Policyholder's Signature
Date & Time:

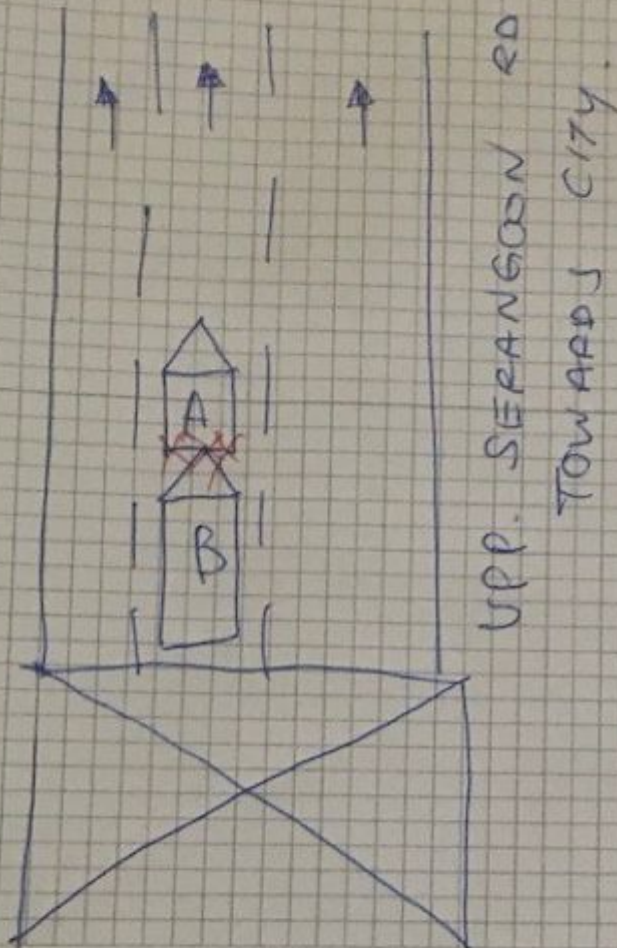
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

13042022

ACCIDENT DIAGRAM

Ver. 30042021



A - SMW/209J
(STATIONARY)

B - SMT1625G

Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/4/22

DATA AIR
SUNVIEW WAREHOUSE

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the middle lane and after passing through a junction , there was heavy traffic ahead. I slowed down and brake . I was stationary and queueing in line , suddenly I felt a big impact from my rear . I later realised that a car had hit the rear of my vehicle.

I stop take some photos and exchange particulars

No injury involved.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12042022

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARMC SketchPlanForm_V3

2













